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UNFPA NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Comoros
Support for an interim population programme

Proposed UNFPA assistance:	$2.4 million
Estimated value of the Government's contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1995
Executing agencies:	Government of Comoros United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of Foreign Affairs Ministry of Finance and Planning

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Comoros

Demographic facts

Population (000)		Average annual change (000)	
Total	653	Population increase	25
Males	331	Births	32
Females	322	Deaths	7
Sex ratio (/100 females)	103.0	Net migration	0
Urban	201	Annual population total (% growth)	3.50
Rural	452	Urban	5.56
Per cent urban	30.7	Rural	2.52
Population in year 2000 (000)	778	Crude birth rate (/1000)	45.2
Functional age groups (%)		Crude death rate (/1000)	10.2
Young child: 0-4	19.9	Net migration rate (/1000)	0.0
Child: 5-14	28.7	Total fertility rate (/woman)	6.50
Youth: 15-24	19.3	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	3.9	Gross reproduction rate (/woman)	3.17
65+	2.4	Net reproduction rate (/woman)	2.62
Percentage of women aged 15-49	43.1	Infant mortality rate (/1000)	79
Median age (years)	15.6	Maternal mortality rate (/100,000)	..
Dependency ratios: total	104.1	Life expectancy at birth (years)	
(/100) Aged 0-14	99.3	Males	57.5
Aged 65+	4.8	Females	58.5
Agricultural population density (/hectare of arable land)	4.1	Both sexes	58.0
Population density (/sq. km.)	292	GNP per capita (U.S. dollars, 1992)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support an interim population programme in the amount of $2.4 million, starting January 1995, to assist Comoros, a priority country for UNFPA assistance, in achieving its population and development objectives. The programme will cover the two-year period 1995-1996 in order to synchronize the next UNFPA programming cycle with those of UNDP and UNICEF (1997-2001) and to set the stage for more extensive activities during the next programme period.

2. The proposed programme of UNFPA assistance is based on: (a) the Government's population and development objectives as set out in its structural adjustment programme and particularly in the National Economic and Social Policy for 1994-1996; (b) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Comoros in April 1994, which included extensive discussions with government officials, religious and community leaders, and representatives from non-governmental organizations (NGOs), United Nations agencies and other donors involved in population activities. The overall objective of the proposed programme is to assist the Government in lowering fertility, infant and maternal mortality rates, and in preparing for the formulation of a national population policy that is consistent with the country's socio-cultural environment.

3. Comoros is a small island nation, consisting of three main populated islands, in the Indian Ocean. The current population is estimated at about 650,000, but if the current growth rate, 3.5 per cent a year, is maintained, this will reach 780,000 by the year 2000. It is clear that the limited resources of the country cannot support such population growth over a sustained period. Already, there is serious environmental damage to and depleted fertility of agricultural land. Emigration, both internal and abroad, has become more widespread as the younger and better-educated parts of the population go elsewhere for better economic opportunities. Migration from the densely-populated island of Anjouan is particularly pronounced.

4. In spite of these increasing population pressures, the Government and people of Comoros do not yet consider the regulation of fertility as a necessity. The Government has not adopted a population policy, and the contraceptive prevalence rate is only 4 per cent among married women (having risen from 1 per cent in 1980). The country has high levels of maternal and infant mortality, and the educational and socio-economic status of Comorian women is low.

5. Prior to 1989, UNFPA provided some assistance for population activities on a project-by-project basis. In 1989, a five-year comprehensive population programme was approved in the amount of $4 million. Most of this was spent on maternal and child health and family planning (MCH/FP); data collection and analysis; and population information and education (IEC). In 1993, an evaluation of the programme found that the objectives had been much too ambitious for the Government's limited capacity for implementation. The programme was extended for an interim year through 1994. By the end of 1994, expenditures totalled about 85 per cent of the amount initially approved in 1989. The limited successes of this first population programme were the introduction of family planning services into the primary health care system and the beginning of the creation of awareness on the part of Comorian leaders of the importance of population in development.

6. The proposed programme would concentrate on improving reproductive health and family planning (RH/FP) services in 30 health facilities and in carrying out the IEC activities necessary to create a demand for modern contraceptive methods. A major goal would be to target religious, political and community leaders in order to gain their approval of RH/FP services and their support for responsible population policies generally. The programme would be closely coordinated with the World Bank's $16 million population and health project as well as with the work of other United Nations agencies and organizations and with the European Union, which are also providing support for RH/FP activities and for population and health programmes.

II. BACKGROUND

7. The published preliminary results of the 1991 census estimated the population of Comoros at 446,817. The PRSD mission estimated the average growth rate of the population between the 1980 and 1991 censuses at 2.7 per cent a year. The latest United Nations projections, however, indicate a population of 653,000, growing at a rate of 3.5 per cent a year. The total fertility rate is estimated by the United Nations at 6.5 children per woman and the birth rate at 45.2 per 1,000 live births. According to the United Nations, the infant mortality rate is around 79 per 1,000 live births. Recent national estimates indicate a maternal mortality rate of 500 per 100,000 live births.

8. The population is young (47.6 per cent is less than 15 years old) and predominantly rural (more than 70 per cent of the population lives in rural areas). Nonetheless, the proportion of the population living in urban areas continues to rise, increasing from 23.3 per cent in 1980 to 28.5 per cent in 1991.

9. In spite of the faster growth of the urban population, the number of rural residents is also increasing, which is putting pressure on the available arable land. The population density on such land is relatively high at 4.1 people per hectare. This is contributing to severe environmental problems such as soil erosion, ecological imbalances, and shortened fallow periods, among others.

10. Population density nationwide is high (averaging 240 inhabitants per square kilometre), but varies from island to island (Mwali, 84; Grande Comores, 204; and Anjouan, 446). It is highest on Anjouan, where it reaches 800 per square kilometre in some areas.

11. The island of Anjouan is a major source of emigration, especially to the rural areas of other islands, where migrants go in search of arable land, and to urban areas, where migrants go in search of work. The Government is trying, through the implementation of rural development projects, to slow such migration, but these efforts have not yet produced the desired results. The Government has not taken any action, however, to accommodate urban migrants, and this has resulted in the increasing insalubrity and insecurity of urban life. The concentration of migrants around two main cities (Moroni and Mutsamudu) has proved especially detrimental to living conditions there. Emigration to destinations outside the country generally involves males who are active and skilled and who usually go to France, Mayotte, Reunion, and countries in eastern Africa.

12. Comoros is classified as a least developed country. The economy, which is highly dependent on the agricultural sector and on external assistance, is deteriorating because of a low level of capital investment, a drop in prices of crops for export, a heavy external debt, and mounting fiscal deficits.

In an effort to deal with this crisis and to encourage economic growth, the country committed itself to implementing a structural adjustment programme. Nevertheless, possibilities for providing the minimum standards of health, education and employment to the extremely young population are limited. As a result, per capita income is decreasing, social services are declining, and unemployment and under-employment rates are high and rising. Government actions designed to promote the private sector have not yet produced tangible results.

13. Although access to health structures is, in theory, quite good, such health structures are often run down, poorly equipped and underutilized, especially those in rural areas. Staff are numerous, but are often inadequately trained and are concentrated in towns. Technical facilities exist only in two regional hospitals (Moroni, the capital; and Mutsamudu). In 1992, the Ministry of Health employed 73 medical doctors, 70 per cent of whom were expatriates; 89 midwives, only half of whom had been trained in family planning techniques; and 153 nurses trained in family planning. Only 25 per cent of the qualified medical and paramedical staff are in rural areas where more than 70 per cent of the population lives.

14. Although access to family planning services is also, in theory, quite good, only 4 per cent of married women use contraception. The low rates of acceptance are due in part to social, cultural and religious factors, as well as to the generally low quality of the services offered, the frequent absence and high turnover of staff, and the low morale and low skill level of staff. The choice of contraceptive methods is limited, with two methods dominating the mix: injectables (48 per cent) and oral contraceptives (43 per cent). Intra-uterine devices (IUDs) account for 4 per cent of contraceptive use, as does surgical contraception, which is generally used only by women with many children. Condoms are used mainly to prevent the spread of sexually transmitted diseases (STDs), and are distributed primarily in conjunction with the National Programme for AIDS Prevention, which was launched in 1990 with the assistance of WHO, UNICEF, the European Union and CARE. HIV/AIDS is not at present a problem but could pose a threat to public health, given the high prevalence of STDs in Comoros.

15. The Government has embarked on a restructuring of the health system that includes efforts to stimulate community participation in programme management and in carrying out cost-recovery schemes. This latter activity is being carried out with the assistance of the Community Development Support Fund (CDSF) financed by the World Bank. The Government has also formulated a national health development plan for the period 1994-2001, which contains demographic objectives aimed at reducing maternal mortality rates and promoting the use of modern contraceptive methods.

16. Education and literacy levels are relatively low, especially of girls and women. The 1980 census indicated that 50 per cent of the population was illiterate; by 1991 the situation had improved somewhat and the rate had dropped to 40 per cent. In 1992, the school attendance rate reached 70 per cent of the school-age population. Girls constitute 45 per cent of all primary-school students, but this rate decreases as students progress through the educational system. Young girls are compelled to do housework, and this prevents them from finishing primary school, especially in rural areas. As a result, 38 per cent leave school without having attained a minimum level of functional literacy. Approximately 73 per cent of Comorian women are said to be housewives. Of the other 27 per cent who work outside the home, 39 per cent work in the health sector. Training programmes initiated by the National Institute for Education (NIE) and by some development

associations are aimed at women in particular, but most involve traditional activities linked to domestic life and thus are not far-reaching enough to facilitate women's access to the productive sector.

17. The Ministry for Social Affairs, Women's Emancipation and Employment was established in 1994 to promote women's activities and to integrate women's concerns into socio-economic development projects. However, the Ministry's Directorate of Women's Promotion and Social Protection has yet to put together a comprehensive policy for women's advancement. The Ministry's work is made all the more difficult by the fact that many young girls from poor families marry very early and start having children from the age of 14.

18. The Government's development objectives, as set out in the National Document for Economic Policy and its letter of intention for the period 1994-1996, clearly indicate its commitment to improving human resources and developing an active policy to reduce the fertility rate and improve the quality of health and basic education by encouraging community involvement. Although the Government does not, at present, have an explicit population policy, it is strongly committed to formulating and implementing such a policy as a means of ensuring rapid and sustainable improvement in the quality of life. This commitment is a consequence of increasing recognition among a significant subgroup of the nation's political, governmental and religious leadership of the interrelationship between population and development and of the negative implications of the demographic situation for rapid and sustained development of the country. However, the institutional context is marked by a weak technical capacity which contributes to a lack of coordination of the population programme. As part of the structural adjustment programme, the Government has initiated administrative reform together with greater decentralization of decision-making to local levels. It also created in 1994 a Directorate of Population within the Ministry for Social Affairs, Women's Emancipation and Employment.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. Prior to 1989, UNFPA provided some $2.7 million in assistance to Comoros on a project-by-project basis. Such assistance was used, inter alia, to integrate family planning services into basic health care services; conduct the country's first population census in 1980 and analyse the data; organize seminars on Islam and family planning and on women, family and development; and establish an information, education and communication (IEC) programme in support of family planning.

20. In June 1989, the Governing Council approved a five-year, $4 million UNFPA country programme covering the period 1989-1993. Over three-fourths of the assistance went to MCH/FP ($1.3 million), data collection and analysis ($1.1 million) and IEC ($800,000). A 1992 programme review found that, while the programme had played a leading role in introducing family planning into the primary health care system and had contributed to creating awareness among religious and political leaders, it was too ambitious given the institutional capacity of the Government and the insufficient amount of funds set aside for the implementation of the programme. As a result, several projects had not been implemented, and the programme had not attained most of its objectives. The programme was therefore extended by one year, through 1994, in order to complete the implementation of some of the projects and to lay the proper foundation for the next UNFPA

programme. Projected expenditures through 1994 were $3.4 million, or 85 per cent of the total amount approved.

Maternal and child health and family planning

21. Before 1989, UNFPA assistance helped: (a) to train health professionals in family planning techniques and a medical doctor in public health; (b) to renovate and equip rural health centres, maternal and child health care centres and the country's main hospital in Moroni; (c) to deliver family planning services; (d) to develop health statistics; (e) to sensitize the public to health and population matters; (f) to provide logistical support to help supervise and monitor MCH/FP activities; and (g) to provide technical assistance, primarily in the form of short-term international consultancies.

22. UNFPA support for MCH/FP activities during the period 1989-1994 helped to increase contraceptive use to 4 per cent (up from 1 per cent in 1982) and to widen the availability of MCH/FP services. The modest increase in contraceptive use is disappointing, however, given the wide distribution of MCH/FP service delivery points (87 per cent of the health structures now offer such services). There are several reasons for this: the training provided at the local level has been too short to enable health agents to improve the quality of services; drop-out rates have reached as high as 70 per cent in some health centres; concerns about side effects have not been adequately taken into account due to lack of training in counselling skills; many health agents themselves still are not convinced about family planning and/or specific methods; and IEC efforts, until recently, have not been coordinated with the work of health personnel.

23. An April 1993 review of the MCF/FP programme noted that the Ministry of Health did not have the operational capacity to plan, manage, follow up and coordinate an integrated MCH/FP programme. It further found a lack of coherent IEC interventions in support of family planning as well as a lack of an integrated system of information for operational research and the processing of MCH/FP data. The review also noted that certain religious and socio-cultural factors had inhibited contraceptive use and that the distribution of contraceptives had been limited to public health structures. The review recommended strengthening staff management, strengthening the coordination of IEC activities in support of family planning and improving the quality of services. As a first step it was recommended that family planning services should be reinforced in those health centres where there are qualified staff and where women can also receive pre- and post-natal care. The findings and recommendations of the review were corroborated by the PRSD mission one year later.

Information, education and communication

24. Since 1986, UNFPA has supported IEC activities whose objectives are to promote family planning and to create awareness among political and religious leaders of the relationship between population pressure and the environment and of demography and family welfare issues. UNFPA provided support for training in communication techniques for 315 field agents (160 health staff and 155 rural extension workers) and for awareness creation on family planning for 60 village leaders. It also provided assistance to open an IEC unit in Anjouan and a multimedia centre to promote

contraceptive use. The programme was able to obtain support for the family planning programme from many religious leaders including the late Grand Mufti.

25. A thematic evaluation conducted by UNFPA in August 1992 found the project's main objective to be ambiguous. It was not clear if its primary goal was to provide IEC in support of MCH/FP programmes or to open a multimedia centre capable of responding to different development programmes. The evaluation also noted that the project was becoming increasingly autonomous in relation to the MCH/FP programme and that it lacked an IEC strategy that would have avoided the partitioning of interventions aimed at the same groups. It further found that the project had failed to develop a strong linkage between research, training, production and broadcasting. The evaluation led to stronger collaboration between the MCH/FP and IEC projects. The project has now been integrated into the programme of the Ministry of Health.

Data collection and analysis

26. UNFPA provided support for the first and second Population and Housing Censuses, conducted in 1980 and 1991, respectively. The data from the second census have been processed, but not yet analysed. This is due primarily to a shortage of qualified staff: the Central Statistical Office at present has only one demographer and one data processor on staff, the CSO's other staff with requisite skills having been transferred to other ministries. Thus, despite the fact that UNFPA assistance has helped to train staff at the Central Statistical Office, it has not significantly strengthened the country's capacity to collect, process and analyse demographic data.

Women, population and development

27. In 1986, UNFPA sponsored the first national seminar on women, population and development. This seminar greatly contributed to increasing awareness of the need for integrating women into the development process. It also increased the awareness of women's associations of the importance of working together towards the same goal. The seminar recommended, among other things, the creation of a federation of Comorian women's associations and the setting up of a governmental structure whose objective would be the emancipation of women. The Federation of Women's Associations (FOWA) was thus created in 1987 and has since played an important role in coordinating the work of women's associations throughout the country. In 1991, the Government created the High Commission for the Promotion of Women, a department with ministerial rank in charge of women's affairs. In 1994, the High Commission became the Ministry for Social Affairs, Women's Emancipation and Employment. UNFPA also supported the Government in reviewing the status of women under the law in order to elaborate a family code.

Other external assistance

28. WHO, the World Bank, UNICEF and the World Food Programme (WFP) are among the other multilateral organizations active in population and related activities in the Comoros. The World Bank has extended two loans for population and health-related activities since 1984. The first, in the amount of $4.1 million for the period 1984-1991, financed a project to improve primary health-care services (by, among other things, extending the health network and equiping MCH/FP service points) and to develop a programme to reduce population growth (by strengthening the

Population and Development Department at the Ministry of Planning). The second, in the amount of $16 million for the period 1993-1997, is for a project to strengthen the health sector and to promote community development. The project will provide $274,000 for family planning and over $300,000 for AIDS prevention. The health-sector component will be in place in 1994, provided that the restructuring of the health system is implemented.

29. UNICEF extended its four-year (1990-1993) $3.7 million programme to 1996 in order to synchronize its assistance cycle with those of UNDP and UNFPA. As in the preceding cycle, UNICEF assistance is oriented towards improving health conditions (through, e.g., vaccination and nutrition programmes, campaigns against diarrhoeal diseases, provision of basic medicines), improving basic education and promoting the role and status of women. WHO has supported primary health-care programmes aimed at improving maternal and child health, providing immunizations, and preventing sexually transmitted diseases (STDs) and has provided assistance to train medical personnel abroad. UNDP's main contribution in the health sector has been to provide UNV medical doctors and health specialists for health programmes, especially in rural areas. WFP has provided assistance to improve the nutrition of children and lactating women.

30. Others active in the population and health sectors in Comoros include the European Union and the United States Agency for International Development (USAID). The European Union focuses on agricultural development but also provides support to MCH/FP programmes and AIDS prevention activities. This assistance is extended either directly to specific activities or through integrated rural-development projects comprising literacy, family life education and, on an experimental basis, the community-based distribution of contraceptives, with the support of an MCH/FP project supported by UNFPA. USAID supported, in 1992, the training abroad of 12 midwives in family planning and provided educational materials on family planning.

IV. PROPOSED PROGRAMME 1995-1996

31. The proposed two-year interim programme (1995-1996) seeks to establish a solid foundation for undertaking more extensive activities during the 1997-2001 period. It recognizes that the support of religious and political leaders is the key to success in population programming in the Comoros and thus emphasizes the importance of IEC activities in all programme areas. One of the main objectives of the proposed programme therefore is to develop a coherent IEC strategy to help bring about further changes of attitudes and behaviour towards population matters, and in particular towards reproductive health and family planning. Such a strategy would focus on creating awareness among religious, political and cultural leaders of the negative implications of rapid population growth on social and economic development. The proposed programme would also seek: (a) to increase the demand for family planning services and improve the quality of the services available; (b) to establish a framework for formulating and implementing a national population policy; (c) to improve the population database; and (d) to reinforce community participation in population and development activities.

32. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of

concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

33. The primary objective of UNFPA assistance in the area of reproductive health and family planning (RH/FP) is to help the Government formulate and implement a national MCH/FP programme and to elaborate an IEC strategy in support of that programme. Such a strategy would make use of audience research and analysis to ensure that information materials and messages are specifically tailored to the intended audiences. It would also include a plan to help identify the most appropriate means of disseminating such information and messages. The information materials and messages would be monitored and evaluated to ensure that they were having the desired impact. The strategy would also include a plan for training health personnel, including agricultural extension workers, in interpersonal communications and in counselling and promotion techniques.

34. This would be reinforced by operational research into the critical factors affecting the demand for RH/FP services. Such research would focus on, inter alia, people's perceptions of the quality of the services being provided; the attitudes and perceptions of the health providers themselves concerning reproductive health and family planning; the status of adolescent reproductive health and the specific reproductive health needs of adolescents; and the extent to which information and counselling on HIV/AIDS has been integrated into MCH/FP services.

35. The aim of this integrated approach is fourfold: (a) to improve the quality of reproductive health care and family planning services in 30 health facilities by 1996; (b) to secure the support of religious, political and community leaders for RH/FP services; (c) to create a corps of health professionals trained in RH/FP; and (d) to increase the demand for modern contraceptive methods. This will require, among other things, providing support to the Ministry of Health to strengthen its capacity to plan, manage and monitor the MCH/FP programme. It will also require that Ministry staff at both the central and regional levels receive in-service training in reproductive health and family planning techniques. UNFPA would also provide assistance to help create an MCH/FP Committee, which would be part of the newly created Inter-agency Committee on Population and Development.

36. UNFPA proposes to provide $700,000 to cover reproductive health and family planning activities, as well as an additional $400,000 for related IEC activities.

Data collection and analysis

37. The knowledge of Comorian population dynamics is hindered by the lack of up-to-date and reliable data. Proposed UNFPA assistance therefore would seek to lay a solid foundation for the timely and reliable collection and analysis of data. The Fund would thus provide support to complete the analysis of the 1991 Population and Housing Census and to conduct a demographic and Safe Motherhood survey. The latter would provide valuable information on the knowledge of, attitudes towards and practice of family planning. UNFPA assistance in the amount of $400,000 would cover, among other things, a full-time resident adviser, local salaries, training both at home and abroad, study tours, office equipment and supplies, and printing costs.

Population policy formulation

38. The proposed programme would help the Government to create conditions favourable to the formulation and implementation of a national population policy. This would involve, inter alia: (a) creating inter-agency committees on population and development at national and regional levels that would be responsible for formulating the national population policy; and (b) intensifying awareness creation on the interrelationship between population and sustainable development for political, religious and traditional leaders, as well as for officials in charge of socio-economic planning.

39. UNFPA proposes to provide $400,000 to cover a full-time technical adviser, training at home and abroad, study tours (intended for parliamentarians, religious leaders, officials in charge of planning), local salaries, office supplies and equipment, data processing equipment and printing costs.

Women, population and development

40. The primary objective of UNFPA assistance in this area is to facilitate the integration of women and youth into the development process. Such integration has been constrained by both institutional and socio-cultural factors, including the lack of a national programme to guide this integration and the persistence of unstable matrimonial unions, polygamy, and early marriage of young girls. UNFPA would provide $400,000 in assistance to help the Government to: (a) formulate a national programme to address these constraints; (b) strengthen government and non-governmental organizations working to integrate women and youth into the development process; and (c) to strengthen the Directorate of Youth and Sport through a programme to train trainers in family life education and counselling of youth.

Programme reserve

41. An amount of $100,000 has been set aside in reserve to cover unforeseen activities falling within the framework of the proposed country programme. Several national project posts necessary for the successful implementation of this programme will be charged against the reserve.

Programme coordination

42. The World Bank is financing a $16 million population and health project. The project's activities will be coordinated with the UNFPA-sponsored reproductive health/family planning programme. World Bank funding will be used, inter alia, to renovate health units, supply essential drugs, provide equipment for some health units, fight endemic and infectious diseases, and help prevent the spread of STDs including AIDS. It will also contribute to the training of health personnel. UNFPA will take responsibility for training in family planning techniques, in MCH/FP programme management, and in IEC techniques in support of the family planning programme, while the World Bank will be responsible for other aspects of training related to resource management and planning.

43. UNDP will provide assistance to help the Government recruit medical doctors in order to reinforce peripheral health services including MCH/FP. UNICEF will participate in the development of a strategy for improving the health of mothers and children. WHO will provide technical support for the formulation of the national MCH/FP programme. The European Union will work closely with UNFPA in developing the community-based distribution of modern contraceptives as well as in developing and monitoring IEC and family planning activities.

44. The Ministry of Foreign Affairs and the Ministry of Finance and Planning are responsible for the coordination of external assistance and for monitoring the implementation of the activities that fall under the responsibility of sectoral ministries through the public investment plan (PIP). The creation of the Inter-agency Committee on Population and Development will facilitate the coordination of population activities. The local UNFPA office will periodically organize meetings of national project directors as well as with the Ministry of Finance and Planning for the monitoring of programme activities.

Programme management, monitoring and evaluation

45. The monitoring of the activities developed as part of this programme would be implemented in compliance with standard UNFPA procedures. All activities would therefore have built-in mechanisms for evaluation and monitoring, and all would be subject to annual progress reports and to annual and final tripartite review and monitoring visits. The programme would be subject to an overall evaluation in 1996 that will serve to orient the next five-year country programme, which would be designed to cover the period 1997-2001.

46. Programme management would be the responsibility of the UNFPA Representative and the UNFPA Country Director resident in Madagascar. For this purpose, the non-resident Country Director would make at least three programme monitoring visits each year and would be assisted by the national programme officer. The local UNFPA office would be reinforced by the recruitment of an administrative and national programme assistant. UNFPA would provide technical assistance for the implementation of the programme objectives by first using national expertise, which would be complemented by UNFPA Country Support Teams.

Financial summary

47. As indicated in paragraph 1, UNFPA would provide $2.4 million from its regular resources for the two-year period 1995-1996. The following table shows how this assistance would be divided between the various sectors of the programme.

	Regular resources $
Reproductive health and family planning	700,000
Information, education and communication	400,000
Population policy formulation	400,000
Data collection and analysis	400,000
Women, population and development	400,000
Programme reserve	100,000
TOTAL	2,400,000

V. RECOMMENDATION

48. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Comoros as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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